



INFRASTRUCTURE EQUIPMENT APPLICATION

DATE _____

Insured Name: _____

Location Address: _____

Street: _____

Contact Phone: _____

City, State, Zip _____

Agency Name: _____ Agent Name: _____

Please check all Occupancy Classes that apply to this location:

Machine Shop Fabrication Heat Treating Metal Stamping

Foundry Die Casting Forging Other: _____

Complete description of operations

Questions

1.) What is your normal Operating Schedule?

- Hours/Day: _____

- Days/Week: _____

- Weeks/Year: _____

2.) Is there any time during the year when you operate 3 shifts? (If yes, when?)

Yes _____

No

3.) Please list the most critical production machinery and utility equipment (Compressors, Transformers, etc.) that you have at this location:

Machine Type	Manufacturer	Size/Capacity	Year Built	Business Income Contribution (%)	Replacement Cost New

4) What is the longest lead time for delivery of replacement parts for Critical Production Machinery and Utility Equipment listed above in #3?

_____ days/weeks/months

Machine/Equipment Type: _____





5.) What is the largest horsepower motor on any piece of production machinery or other equipment at this location?

_____hp

Machine/Equipment Type: _____

6.) What is the replacement cost new of the most expensive piece of production machinery or other equipment at this location?

\$ _____

Machine/Equipment Type: _____

7.) Who performs maintenance on Production Machinery?

- OEM Maintenance Staff
- Internal Maintenance Staff
- Third Party Contractor

8.) If you have Power Presses, do you conduct NDE on critical press parts?

- Not Applicable
- Yes
- No

Date of last NDE: _____

9) Do you produce any of your own electricity on site?

- Yes No

If yes, please check all that apply and provide nameplate capacity (kW) for the entire energy system:

- Engine Generator Set _____kW Date installed: _____
- Solar Photovoltaic _____kW Date installed: _____
- Wind Turbine _____kW Date installed: _____
- Fuel Cell _____kW Date installed: _____
- Micro Gas Turbine/CHP _____kW Date installed: _____

10.) Please provide equipment breakdown experiences to the Critical Production Machinery and Utility Equipment listed above in #3? Include date of loss, brief description of loss, and dollars paid.

Print Your Name: _____

Signature: _____

Contact Information: _____

Contact Number: _____

Date: _____

